

Foster Family Home

Provider ID: 2-140050

Home Name: Linus June D. Pascual, CNA

Review ID: 2-140050-3

61 Hookano Street

Reviewer: Carol Copeland

Hilo

HI 96720

Begin Date: 9/19/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify two client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN MSN

Compliance Manager

Linus June D. Pascual

Primary Care Giver

9/19/19

Date

9/19/19

Date